13(c). Preventive Services

(2) Services to Treat Autism Spectrum Disorders Pursuant to EPSDT

A. Service Description

General Description. Services to treat autism spectrum disorders (ASD) pursuant to EPSDT are provided only to Medicaid beneficiaries (defined below as individual or individuals) under age twenty-one. Pursuant to 42 C.F.R. § 440.130(c), these services are provided as preventive services and are recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency.

If the Level of Support Determination is signed by a qualified practitioner and recommends services consistent with a requested comprehensive diagnosis to pursue development of the behavioral plan of care or ASD treatment services, as applicable, then such evaluation report is the licensed practitioner's recommendation of the services pursuant to 42 C.F.R. § 440.130(c).

1. <u>Screenings Prior to Receiving ASD Treatment Services</u>. These screenings are covered under the Physician Services, Other Licensed Practitioner, or Clinic benefit category, as applicable.

Service	Service Description	Qualified Practitioners
Medical Screening	A review of the individual's overall medical and physical health, hearing,	Medical Doctor (MD, OD)
	speech, and vision, including relevant information and must include an ASD	
	screening tool as approved by the state agency. The screening is also	Physician's Assistant (PA)
	designed to rule out medical or behavioral conditions other than ASD,	Nurse Practitioner (NP) or
	including those that may have behavioral implications and/or may co-occur	Advanced Practice Registered
	with ASD.	Nurse (APRN)

The individual must receive a Medical Screening Evaluation indicating the possibility of an ASD before receiving a comprehensive Autism Diagnostic Evaluation, behavior assessment, or ASD treatment services including development of a behavioral plan of care.

2. Autism Diagnostic Evaluation:

Service	Service Description	Qualified Practitioners including Credential/ Licensure and Required Supervision (if applicable)	Tools Required
Autism Spectrum Disorders Diagnostic Evaluation	 Purpose: Determine ASD diagnosis and medical necessity of services Collaborate with the family to determine the professionals best suited for the child's Evaluation and Diagnostic Team (EDT). The Evaluation and Diagnostic Team (EDT) will conduct a coordinated multidisciplinary assessment using multiple tools to evaluate and diagnose (or confirm the diagnosis of) ASD. The evaluation will incorporate relevant medical information and identify the child's strengths, needs, interests, and challenges as related to the child's daily routines. Evaluations will also include an environmental assessment in order to determine interventions, supports, and resources that are appropriate for the child, as well as his or her family. 	Clinical Oversight (The individual's primary care provider OR one of the following to Administer Diagnostic Evaluation - Required) Licensed Psychologist (PhD, PsyD, EDD) Clinical Psychiatrist (MD) Pediatrician (MD) Licensed Independent Clinical Social Workers (LICSW) Psychiatric Clinical Nurse Specialist (CNS) Psychiatric Nurse Practitioner (NP) Speech-Language Pathologist (Required) Speech and Language Pathology - Certificate of Clinical Competence (SLP-CCC) Speech and Language Pathology with Audiology Specialty (A-SLP-CCC) Occupational Therapist (OT) (Required if no PT) Licensed Occupational Therapy Assistant (COTA) Cicensed Occupational Therapist (OT) supervision required	ADOS-2 (for determining ASD) Vineland II (Behavior Assessment Tool for determining Medical Necessity)

13(c). Preventive Services Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

Service	Service Description	Qualified Practitioners including Credential/ Licensure and Required Supervision (if applicable)	Tools Required
	The Evaluation and Diagnostic Team (EDT) will produce a collaborative report based upon findings of the initial evaluation including a Level of Support determination form (Attachment A).	Licensed Physical Therapist (PT) (Required if no OT) Licensed Physical Therapist (PT) Licensed Physical Therapist Aide (PTA) Licensed Physical Therapist (PT) supervision required	
		Additional practitioners may incorporated, as determined by the clinical oversight, as optional additions to a diagnostic team in the event that other possible disorders or conditions must be ruled out to successfully diagnose Autism	

The individual must receive a Medical Screening Evaluation and an Autism Diagnostic Evaluation determining medical necessity before receiving ASD treatment services.

B. Service Components

Service	Service Description	Qualified Practitioners including	Care Plan Tools	Practices
		Credential/	Allowed	Required
		Licensure and Required		
		Supervision (if applicable)		
Behavioral	The BPDM is:	Behavioral Interventionist	Essentials for	Evidence-
Program	Behavior Assessment; a clinical	Board Certified Behavior Analyst-	Living	based
Design	compilation of observational	Doctoral (BCBA-D)	The Assessment of	practices
and	data, behavior rating scales,	Board Certified Behavior Analyst	Basic Language	based upon
Monitor-	and reports from various	(BCBA)	and Learning Skills	national
ing	sources (e.g., schools, family,	Registered Behavior Analyst (RBA)	- Revised (ABLLS-	standards set
(BPDM)	pediatricians, and other	RBA oversight required:	R)	by the Autism
	sources) designed to identify	o BCBA-D,	 CARD assessment 	Evidence-
	the individual's current	o BCBA,	 Individualized 	Based Practice
	strengths and needs across	 Licensed Psychologist 	Goal Selection	Review Group,
	developmental and behavioral	(PhD, PsyD, EDD)	Curriculum	University of
	domains	 Licensed Psychologist (PhD, PsyD, 	VB-MAPP: Verbal	North Carolina
	• Development of a Care Plan	EDD)	Behavior	at Chapel Hill.
	including the following:	Social Worker	Milestones	
	 measurable goals and 	 Licensed Clinical Social 	Assessment and	
	expected outcomes to	Worker (LCSW)	Placement	
	determine if ASD	 Licensed Independent 	Program	
	treatment services are	Clinical Social Worker	 Social Skills 	
	effective;	(LICSW)	Solutions: A	
	 specific description of 		Hands-On Manual	
	the recommended		Autism Spectrum	
	amount, type,		Rating Scale	

frequency, setting and duration of ASD treatment services; Amount and type of caregiver (defined below) ongoing participation in the ASD	Credential/ Licensure and Required Supervision (if applicable)	Gilliam Asperger Disorder Scale Social Communication Questionnaire	Required
duration of ASD treatment services; Amount and type of caregiver (defined below) ongoing	-	Disorder ScaleSocialCommunicationQuestionnaire	
duration of ASD treatment services; Amount and type of caregiver (defined below) ongoing	-	Disorder ScaleSocialCommunicationQuestionnaire	
duration of ASD treatment services; Amount and type of caregiver (defined below) ongoing		Disorder ScaleSocialCommunicationQuestionnaire	
treatment services; o Amount and type of caregiver (defined below) ongoing		 Social Communication Questionnaire 	
 Amount and type of caregiver (defined below) ongoing 		Communication Questionnaire	
caregiver (defined below) ongoing		Questionnaire	
below) ongoing			
participation in the ASD		 Wechsler 	
		Intelligence Scale	
treatment services		for Children	
necessary to maximize		Stanford Binet	
the success of the		Wechsler	
services.		Individual	
Trains and oversees the Skills		Achievement Test	
Trainers who work directly with		II	
the participant on		Yale Brown	
implementing their specific		Obsessive	
training plan protocol.		Compulsive Scale	
The formal Care Plan is written		Peabody	
in accordance with the		Individual	
objectives specified in the		Achievement Test	
individual's Participant Service		Kaufman Brief	
Plan.		Intelligence Test 2	
Meet with the participant's		Revised Children's	
Skills Trainer and the parents at		Manifest Anxiety	
least monthly for the purpose		Scale 2	

Service	Se	ervice Description	Qualified Practitioners including	Care Plan Tools	Practices
			Credential/	Allowed	Required
			Licensure and Required		
			Supervision (if applicable)		
		of reviewing progress on the		• Children's	
		formal training objectives and		Depression	
		reviewing the need for changes		Inventory	
		in the formal Care Plan.		UCLA Post	
				Traumatic Stress	
				Disorder RI	
				AFLS®- The	
				Assessment of	
				Functional Living	
				Skills	
Skills	•	The Skills Training (ST)	Practitioners providing Skills Training	N/A	Evidence-
Training		professional will train the	(ST) services that are not enrolled with		based
(ST)		parent(s) on implementing	ND Medicaid to provide Behavioral		practices
		interventions across multiple	Program Design and Monitoring		based upon
		settings as long as it is for the	(BPDM) services must be under the		national
		direct benefit of the child.	supervision of a practitioner that is		standards set
	•	ST provides hands-on training,	enrolled to provide BPDM and will		by the Autism
		to parents and others, as	follow the specific training protocols		Evidence-
		needed, for the direct benefit	developed in the Care Plan.		Based Practice
		of the child, using evidence-			Review Group,
		based behavioral intervention	Behavioral Analyst		University of
		methods as directed by the	Board Certified Behavior Analyst -		North Carolina
		Behavioral Program Design and	Doctoral (BCBA-D)		at Chapel Hill.
		Monitoring Professionals.	Board Certified Behavior Analyst		

Service	Service Description	Qualified Practitioners including	Care Plan Tools	Practices
		Credential/	Allowed	Required
		Licensure and Required		
		Supervision (if applicable)		
	 ST may also provide general assistance and support on interventions to individuals who provide unpaid support, training, companionship or supervision to participants. ST professionals will meet with the participant's Behavioral Program Design and Monitoring Professional and the parents at least monthly for the purpose of reviewing progress on the formal training objectives and reviewing the need for changes in the Care Plan. 	(BCBA) Registered Behavior Analyst(RBA) Registered Behavior Technician (RBT) Psychology Licensed Psychologist (PhD, PsyD, EDD) Licensed Professional Clinical Counselor (LPCC) Licensed Professional Counselor (LPC) Psychiatric Triage Therapist Licensed Marriage and Family Therapist (LMFT) General psychology degree (BA, BS) Nursing Psychiatric Clinical Nurse Specialist (CNS) Registered Nurse (RN) Licensed Practical Nurse (LPN) Psychiatric Nurse Practitioner (NP) Social Worker		

Service	Service Description	Qualified Practitioners including	Care Plan Tools	Practices
		Credential/	Allowed	Required
		Licensure and Required		
		Supervision (if applicable)		
		Licensed Independent Clinical		
		Social Worker (LICSW)		
		Licensed Clinical Social Worker		
		(LCSW)		
		 Licensed Social Worker (LSW) 		
		 Masters in Social Work (MSW) 		
		Occupational Therapy		
		Licensed Occupational Therapist		
		(OTRL)		
		Certified Occupational Therapy		
		Assistant (COTA)		
		Physical Therapist		
		 Licensed Physical Therapist (PT) 		
		Licensed Physical Therapist Aide		
		(PTA)		
		Speech-Language Pathologist		
		Speech and Language Pathology -		
		Certificate of Clinical Competence		
		(SLP-CCC)		
		Speech and Language Pathology		
		with Audiology Specialty (A-SLP-		
		CCC)		
		Education		
		Special Education		

Service	Service Description	Qualified Practitioners including	Care Plan Tools	Practices
		Credential/	Allowed	Required
		Licensure and Required		
		Supervision (if applicable)		
		Elementary Education		
		Secondary Education		
		Early Childhood Development		

ASD Services Framework

- 1. Care plan goals will be outcome based and progress toward goals will be monitored by training data. ASD Preventative Services seek to develop, maintain or restore skills and functioning in all areas (including):
 - a. Social Skills, and related skills to enhance participation across all environments (school, home and community settings) and relationships, including imitation, initiation of social interactions with both adults and peers, reciprocal exchanges, parallel and interactive play with peers and siblings;
 - b. A functional communication system which may include expressive verbal language, receptive language and nonverbal communication skills and augmentative communication;
 - c. Increased engagement and flexibility in the exhibition of developmentally appropriate behaviors, including: play behavior, attending behavior, responding to environmental cues (including cues from the training staff and others) and cooperation with instructions;
 - d. Replacement of inappropriate behaviors with more conventional and functional behaviors;
 - e. Working with caregivers and others in the environment to promote the participant's competence and positive behavior;
 - f. Fine and gross motor skills used for age-appropriate, functional activities, as needed;
 - g. Cognitive skills related to play activity and academic skills;
 - h. Adaptive behavior and self-care skills to enable the participant to become more independent and/or;

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

- i. Independent exhibition of organizational skills including completing a task independently, asking for help, giving instructions to peers and following instructions from peers, following routines, self-monitoring and sequencing behavior.
- 2. <u>Participation by Caregiver in ASD Treatment Services</u>: Over half of all interventions must involve the primary caregiver to ensure generalization of skills
- 3. <u>Presence / Availability of Caregiver</u>: A caregiver shall be present or available at all times in or around the home when services are being provided in the home. For services provided outside of the home, a caregiver shall be present or available as necessary based on the ASD treatment services provider's clinical judgment.
- 4. <u>Supervision of Skills Trainers</u>. Skills Trainers requiring supervision by a qualified provider (described above). Such supervision must:
 - a. Be with the supervising provider and documented on an ongoing basis.
 - b. Be at least ten percent of the amount of hours that the Skills Trainer is providing ASD treatment services to each individual.

C. Limitations

- 1. Total ASD treatment services under this authority may only be the amount medically necessary for each individual as determined by the Vineland II scores. These limits may be exceeded due to medical necessity.
- 2. The department shall not pay for program services or components of services that:
 - a. Are of an unproven, experimental, cosmetic or research nature.
 - b. Do not relate to the individual's diagnosis, symptoms, functional limitations or medical history.
 - c. Are intended solely to prepare individuals for paid or unpaid employment or for vocational equipment and uniforms.
 - d. Are solely educational, vocational, recreational, or social.

- e. Are not coverable within the preventive services benefit category, such as respite care, child care, or other custodial services
- f. Duplicate other State Plan Services.

D. Teletherapy

a. Nothing in this state plan is intended to prohibit or restrict the use of telehealth services to deliver services under this amendment.

E. Free Choice of Provider

Individuals eligible to receive ASD services described in this section have a free choice of any available provider qualified to perform the services. Providers must be enrolled as a Medicaid provider.